| TAILUI AFT | Effect | | ary 1, 20 | | ION RECA | JNU | 1 | 0/0 | 37. | 76 |
|---|--------------------------|---------------------------------------|----------------------------|---------------------------|----------------------------------|---------------------|-----------------------|--------|---------------------|------------------------|
| CI | aims as | FILED (Calum | - PART | | umn 2) | SMALI | L ENTIT | , | OTHE | R THAN ENTITY |
| TOTAL CLAIMS | | | | | | | PATE FEE | | RATE | FEE |
| FOR | | NUMBER FILED | | NUMBER EXTRA | | BASIC | _ | | BASIC FE | |
| TOTAL CHARGEABLE CLAIMS | | IK minus 20= | | . 0 | | XS 9 | | | 1,4,4 | 730.00 |
| INDEPENDENT CLAIMS | | 2 minus 3 = | | | | | - - | 0 | 1 | - |
| MULTIPLE DEPENDENT CLAIM PR | | | | E n | | X42 | <u>'</u> | Of | X84= | <u> </u> |
| the difference by and | | | | | +140 | = | OF | +280= | | |
| If the difference in colu | | | | column 2 | TOTA | L 3- | S OF | TOTAL | | |
| CLAIMS AS AMENDED - PART II (Column 2) (Column 3) | | | | | | 5114 1 | | | OTHER | |
| CI | AIM\$ | | (Colum Highe | | (Column 3) | SMAL | L ENTIT | | SMALL | |
| A | AINING FTER KOMENT | | PREVIO | USLY | PRESENT EXTRA | PLATE | TION FE | AL | RATE | ADDI- TIONAL FEE |
| Total • | 20 | Minus | | ٥5 | • | X\$ 9: | | O# | X\$18= | |
| Independent • | | Minus | 000 | 3 | = | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +140= | 1 | | | _ | |
| 1,5, | 1,12 | | | | | 101 | | OR | | |
| 1215d 1001 | ımn 1) | | (Colum | - 01 | (Cel 21 | ADDIT. FE | | OR | ADDIT. FEE | |
| CL | AIMS | | HIGHE | SY | (Column 3) | | ADD | | | 1001 |
| AF AMEN | AINING TER DMENT | | PREVIOU PAID F | JSLY | PRESENT EXTRA | RATE | TION | N. | RATE | ADOI- TIONAL FEE |
| Total • S | 3 | Minus | * á | 0 | • — | X\$ 9= | | OR | X\$18= | |
| Total • (| | Minus | *** | 3 | • | X42= | 1 | - ``` | X84= | |
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| | | | | | | +140= | | OR | +280= | |
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| (Colu | mn 1) | | (Column HIGHES | | (Column 3) | | | | | |
| REMA AFI AMENO | INING ER | | PAID FO | A Sta | PRESENT EXTRA | PATE | ADDI- TIONA FEE | | RATE | ADDI- TIONAL FEE |
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| Independent . | | linus | | | | X42= | - | -JOR | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | <u> </u> | OR | X84= | |
| If the error in convers to be | o that the | , , , , , , , , , , , , , , , , , , , | | | | +140= | | OR | +280∓ | |
| If the entry in column 1 is les If the "Highest Number Previ | iously Paid | For IN THIS | SPACE IN LA | es than | 20 more 200 t | TOTAL ADDIT, FEE | | OR | TOTAL ODIT. FEE | |
| il the "Highest Number Previo The "Highest Number Previo | austy Paid F | or (Total or | SPACE Is le Independent | is then | 3. enler "3." ighest number (| | propriete t | | | |

Application or Docket Number